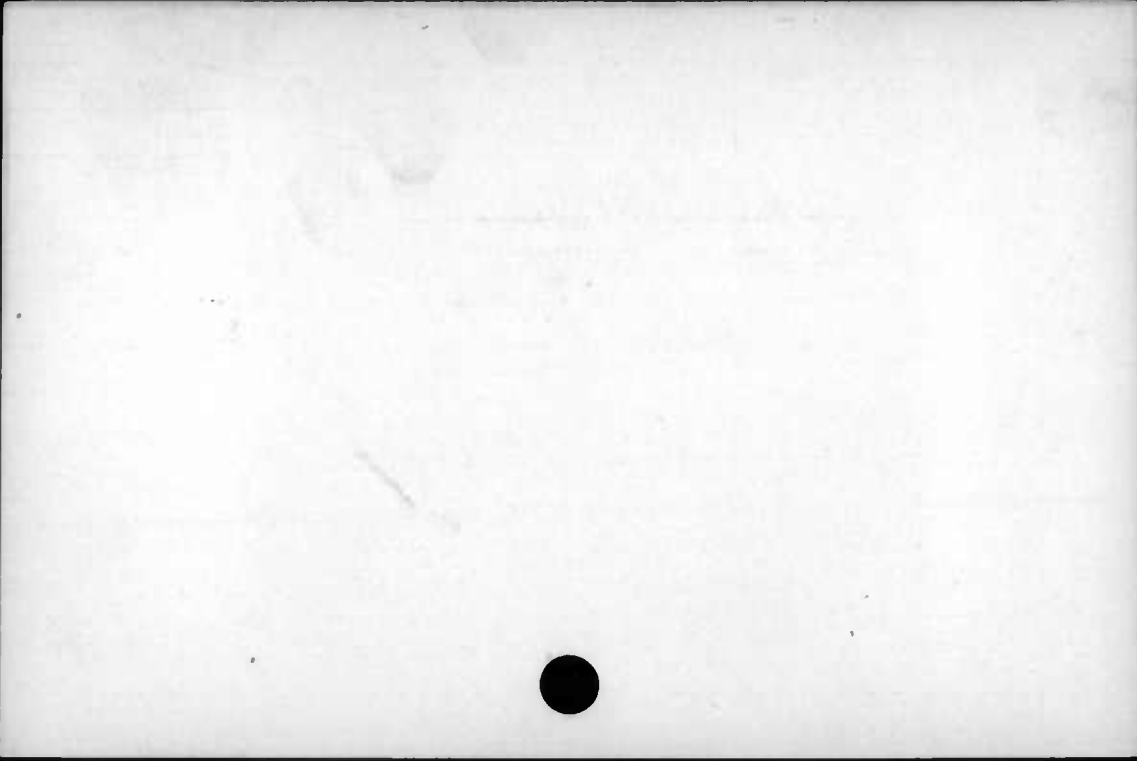


Name in Full		CERTIFICATE OF DEATH			
TO BE ANSWERED BY NEAREST FRIEND	Died at <u>Burrsville</u> <small>Town</small>		<u>Caroline</u> <small>County</small>		MARYLAND
	Date of death 1905	Month July	Day First	Age Seventy-five	Years Months Days
	Sex Female	Color or Race White		Birth-place Delaware	
	Married, Single or Widowed Widowed		Occupation None		
	Name of Wife or Husband John Brown				
	Father's Name David D. Lewis			Father's Birthplace Delaware	
	Mother's Maiden Name Hannah Smith			Mother's Birthplace Delaware	
	Name of person giving information Mrs. H. L. Saulsbury			How related to deceased Daughter	
CAUSES OF DEATH					
PHYSICIAN OR CORONER	Primary General Debility			How long	
	Immediate Dropsical, and enlarged heart			How long	
	Are the name, age, sex, color, date and place correctly given above? Yes			Signature of Physician Thos. Saulsbury	
				Address Burrsville Md	
Accident or Suicide?					



Name
in
Full

CERTIFICATE OF DEATH

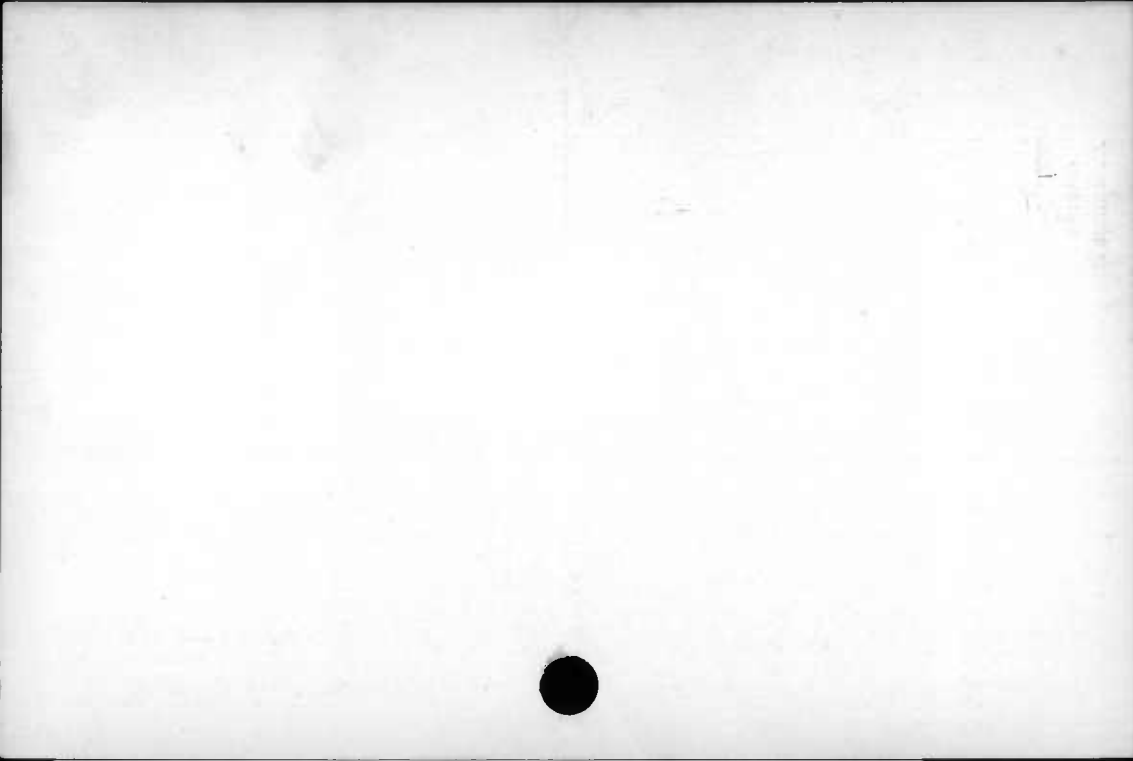
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Federalburg</i>		County <i>Caroline</i>		MARYLAND	
Date of death	1905	Month <i>July</i>	Day <i>20</i>	Age <i>62</i>	Years <i>62</i>
Sex <i>male</i>	Color or Race <i>black</i>		Birth-place <i>md</i>		
Occupation <i>laborer</i>	Where Residing if not at place of death				
Married, Single or Widowed <i>married</i>	Name of Wife or Husband <i>Mary Homer</i>				
Father's Name					Father's Birthplace
Mother's Maiden Name					Mother's Birthplace
Name of person giving information <i>Chas Camper</i>					How related to deceased <i>son</i>

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Phthisis</i>	How long <i>2 1/2</i> years
Immediate	How long
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>R K Jefferson</i>
	Address <i>Federalburg md</i>
Accident or Suicide?	



Name
in
Full

Katie Duche

CERTIFICATE OF DEATH

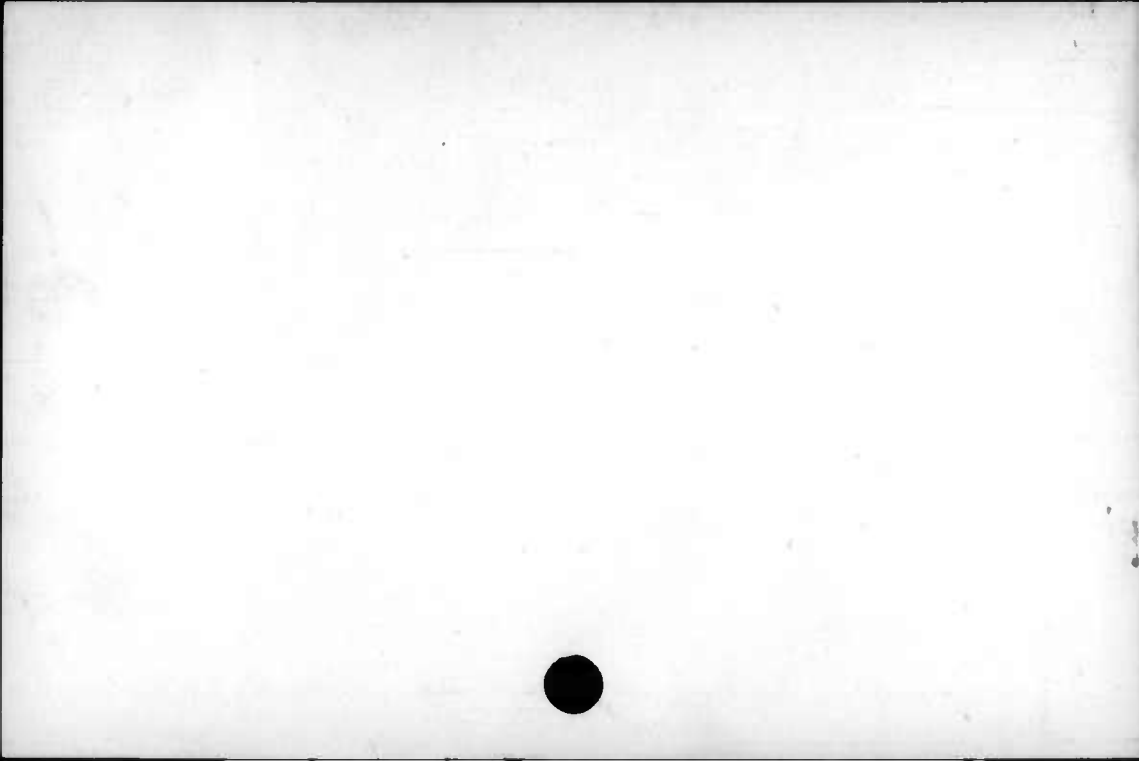
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Preston</i> Town		<i>Caroline</i> County		MARYLAND	
Date of death <i>1905</i>	Month <i>July</i>	Day <i>12</i>	Years <i>7</i>	Months	Days
Sex <i>Female</i>	Color or Race <i>Russian</i>		Birth-place <i>Russia</i>		
Occupation <i>Schoolgirl</i>		Where Residing if not at place of death <i>Preston</i>			
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband			
Father's Name <i>John Duche</i>			Father's Birthplace <i>Russia</i>		
Mother's Maiden Name <i>Mary Hoffendroch</i>			Mother's Birthplace <i>Russia</i>		
Name of person giving Information <i>Joe Facho</i>			How related to deceased <i>Sister</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Infection - Nail in foot</i>	How long	<i>5 days</i>
Immediate	<i>Septicemia</i>	How long	<i>36 hours</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>J. Raymond Dawes</i>	
		Address <i>Preston</i>	
Accident or Suicide?			



Name
in
Full

Pollard Hanes

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Thurston</i> ^{Town}		<i>Caroline</i> ^{County}		MARYLAND	
Date of death 190 <i>5</i>	<i>July</i> ^{Month}	<i>14</i> ^{Day}	Age <i>Wid-80</i> ^{Years}	<i>—</i> ^{Months}	<i>—</i> ^{Days}
Sex <i>Male</i>	Color or Race <i>Negro</i>		Birth-place <i>Caroline co</i>		
Married, Single or Widowed			Occupation <i>Teacher</i>		
Name of Wife or Husband					
Father's Name <i>Not known</i>			Father's Birthplace <i>—</i>		
Mother's Maiden Name <i>Not known</i>			Mother's Birthplace <i>—</i>		
Name of person giving information <i>H. Beck</i>			How related to deceased <i>Wife</i>		

CAUSES OF DEATH

Primary <i>Tumor of abdomen</i>	How long <i>(46) several years</i>
Immediate	How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Theodore W. ...</i>
	Address <i>Burrville Md</i>
Accident or Suicide?	

PHYSICIAN
OR CORONER



Name
in
Full

Jammi May Hubbard.

CERTIFICATE OF DEATH

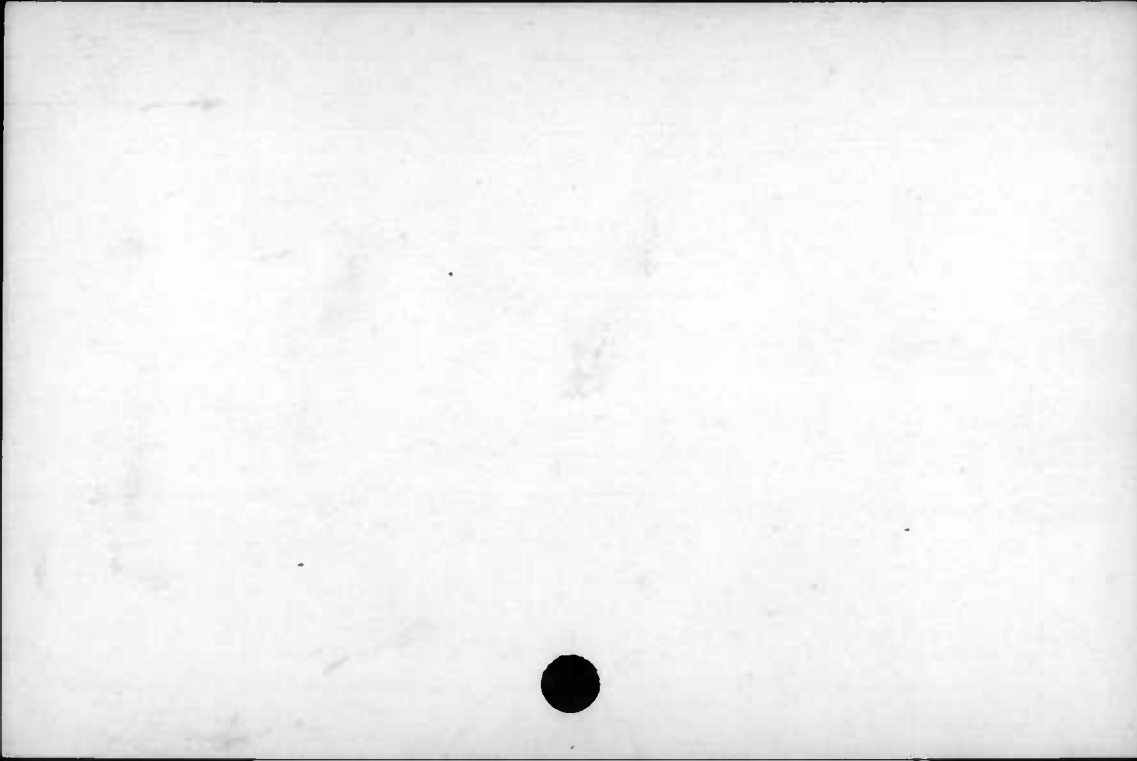
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Griffins</i> Town		<i>Carthage</i> County		MARYLAND	
Date of death <i>1905</i>	Month <i>7</i>	Day <i>20</i>	Age	Years	Months <i>2</i> Days
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Ma.</i>		
Occupation			Where Residing if not at place of death		
Married, Single or Widowed		Name of Wife or Husband			
Father's Name <i>Ernest Hubbard.</i>			Father's Birthplace		
Mother's Maiden Name <i>Jammi Anthony</i>			Mother's Birthplace		
Name of person giving information <i>Ernest Hubbard.</i>			How related to deceased		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Murder</i>	<i>151</i> ✓	How long
Immediate		How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>J. N. Nichols M.D.</i>	
	Address <i>Denton Md</i>	
Accident or Suicide?		



Name
in
Full

Lillian Johnson

CERTIFICATE OF DEATH

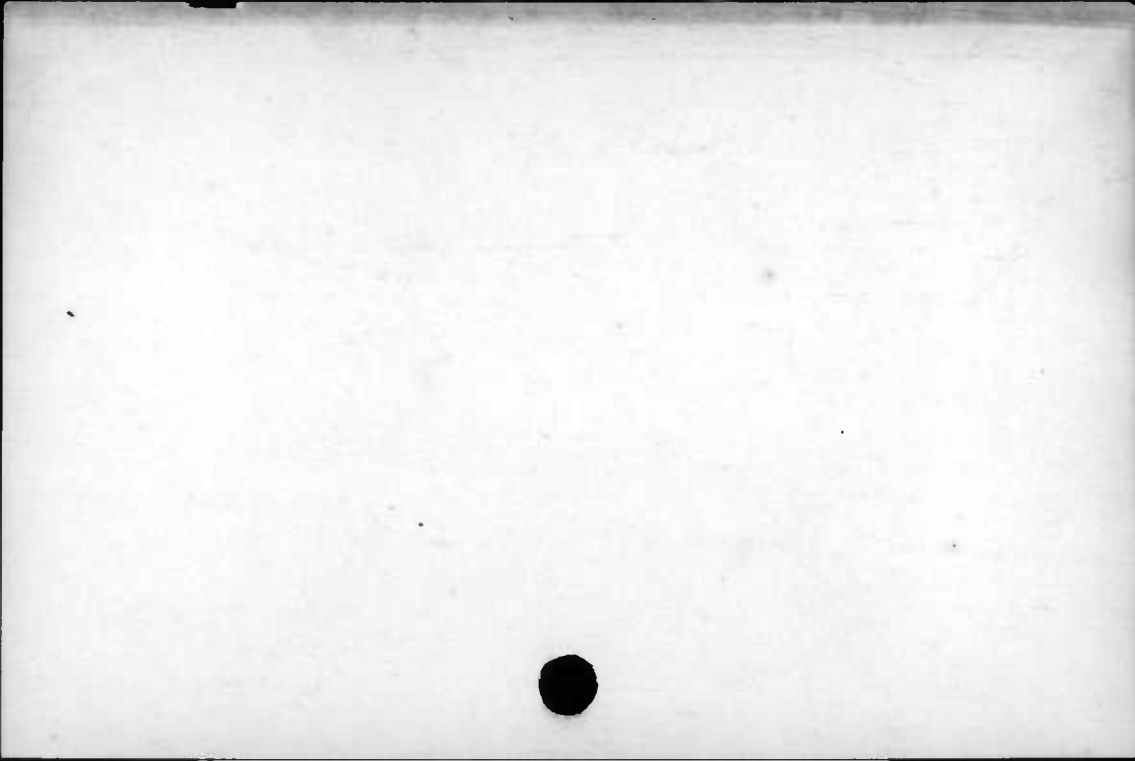
TO BE ANSWERED BY
NEAREST FRIENDDied at *Ridgely* Town*Caroline* County

MARYLAND

Date of death *1905* - *July* Month*8* DayAge *—* Years*9* Months*—* DaysSex *Female*Color or Race *Black*Birth-place *Md.*Occupation *—*Where Residing if not at place of death *—*Married, Single or Widowed *Single*Name of Wife or Husband *—*Father's Name *John Johnson*Father's Birthplace *Caroline Co.*Mother's Maiden Name *Hannah Thomas*Mother's Birthplace *Se. " "*Name of person giving information *John Johnson*How related to deceased *Father*

CAUSES OF DEATH

Primary *Cholera Infantum* *105* *1-week* How longImmediate *Exhaustion* *1 day* How longAre the name, age, sex, color, date and place correctly given above? *yes*Signature of Physician *J. C. Madara*
Address *Ridgely Md.*Accident or Suicide? *—*PHYSICIAN
OR CORONER



Name
in
Full

Julia M. Lane

CERTIFICATE OF DEATH

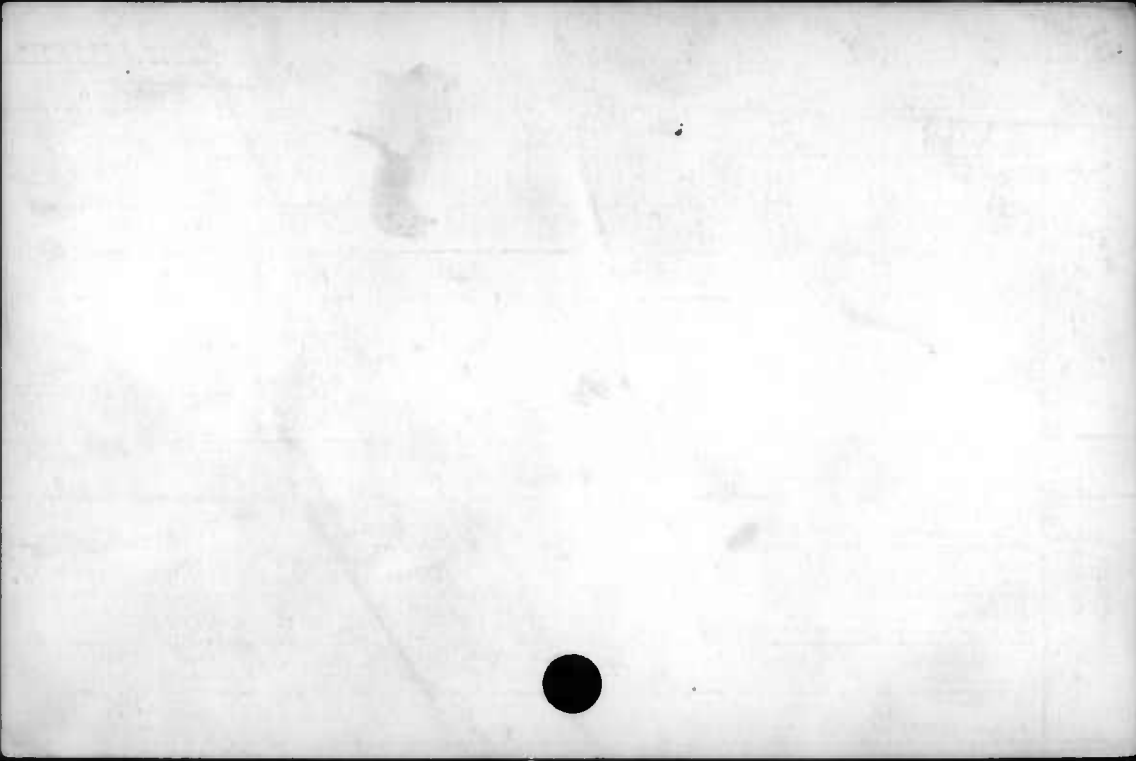
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Scenton		County Caroline		MARYLAND	
Date of death	190	Month July	Day 2	Age 14	Years 14	Months 14	Days
Sex	Female		Color or Race	White		Birth- place	
Occupation				Where Residing if not at place of death			
Married, Single or Widowed			Name of Wife or Husband				
Father's Name	Robt Lane					Father's Birthplace	
Mother's Maiden Name	Linda Lane					Mother's Birthplace	
Name of person giving Information						How related to deceased	

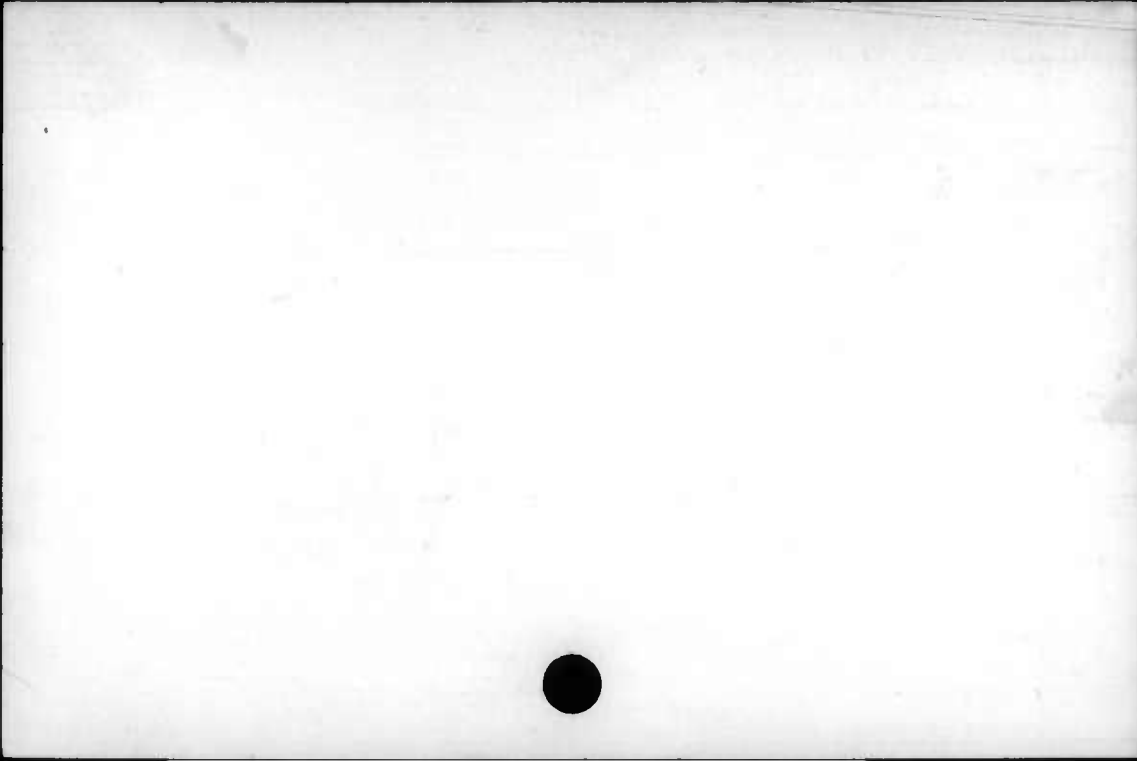
CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Constitutions		How long	
Immediate	do		How long	
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician		A. J. Handcastle M.D.	
	Address		Scenton	
Accident or Suicide?			Ind	



Name in Full		Not name of				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at		Town		County		MARYLAND
	Denton				Carroll		
	Date of death		190	Month	Day	Age	Months
	July		6.			1	2 1/2
	Sex	Male	Color or Race	White	Birth-place	Washington	Del
	Occupation	None	Where Residing if not at place of death		Washington Del		
Married, Single or Widowed		Name of Wife or Husband					
Father's Name	Robert E. McKoway				Father's Birthplace	Del	
Mother's Maiden Name	Sallie Clark				Mother's Birthplace	Md	
Name of person giving Information	Robert E. McKoway				How related to deceased	Father	
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary	Cholera Infantum				How long	Two weeks
	Immediate	Same				How long	
	Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician	P. R. Fisher	
					Address	Wentworth Md	
Accident or Suicide?							



Name
in
Full

CERTIFICATE OF DEATH

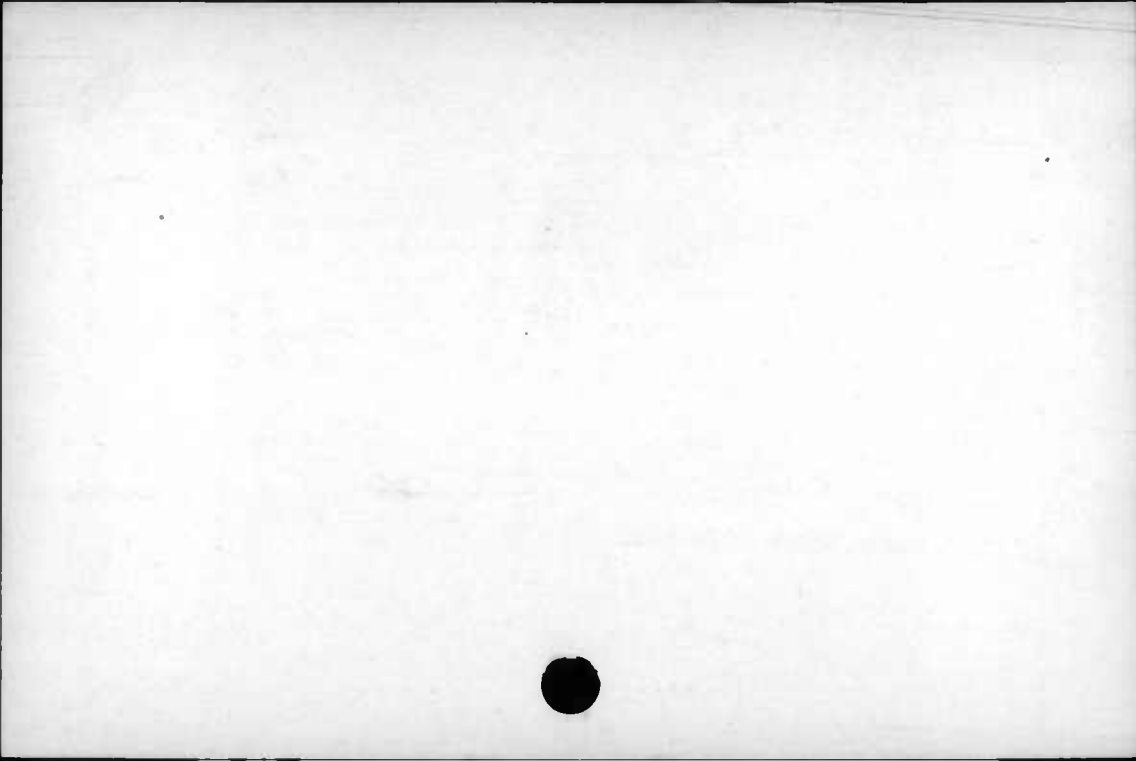
TO BE ANSWERED BY
NEAREST FRIEND

Joshua Kennard McQuay		County		MARYLAND	
Died at <u>Ridgely</u> ^{Town}		<u>Caroline</u> ^{County}			
Date of death <u>1905</u> ^{Month} <u>July</u> ^{Day} <u>8</u> ^{Years} <u>17</u> ^{Months} <u>10</u> ^{Days} <u>9</u> <u>17</u>		Age <u>17</u>			
Sex <u>Male</u>		Color or Race <u>white</u>		Birth-place <u>Halbott Co.</u>	
Occupation <u>Can Maker</u>		Where Residing if not at place of death <u>_____</u>			
Married Single or <u>Widowed</u>		Name of Wife or Husband <u>_____</u>			
Father's Name <u>John R. McQuay</u>		Father's Birthplace <u>Halbott Co.</u>			
Mother's Maiden Name <u>Margaret Kennard</u>		Mother's Birthplace <u>Queen Anne's Co.</u>			
Name of person giving information <u>John R. McQuay</u>		How related to deceased <u>Father</u>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<u>Drowned</u>	How long	<u>172</u>
Immediate		How long	<u>_____</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>		Signature of Physician <u>J. C. Madara</u>	
		Address <u>Ridgely Md.</u>	
Accident or <u>_____</u>			



Name
in
Full

Helen G. Noble

CERTIFICATE OF DEATH

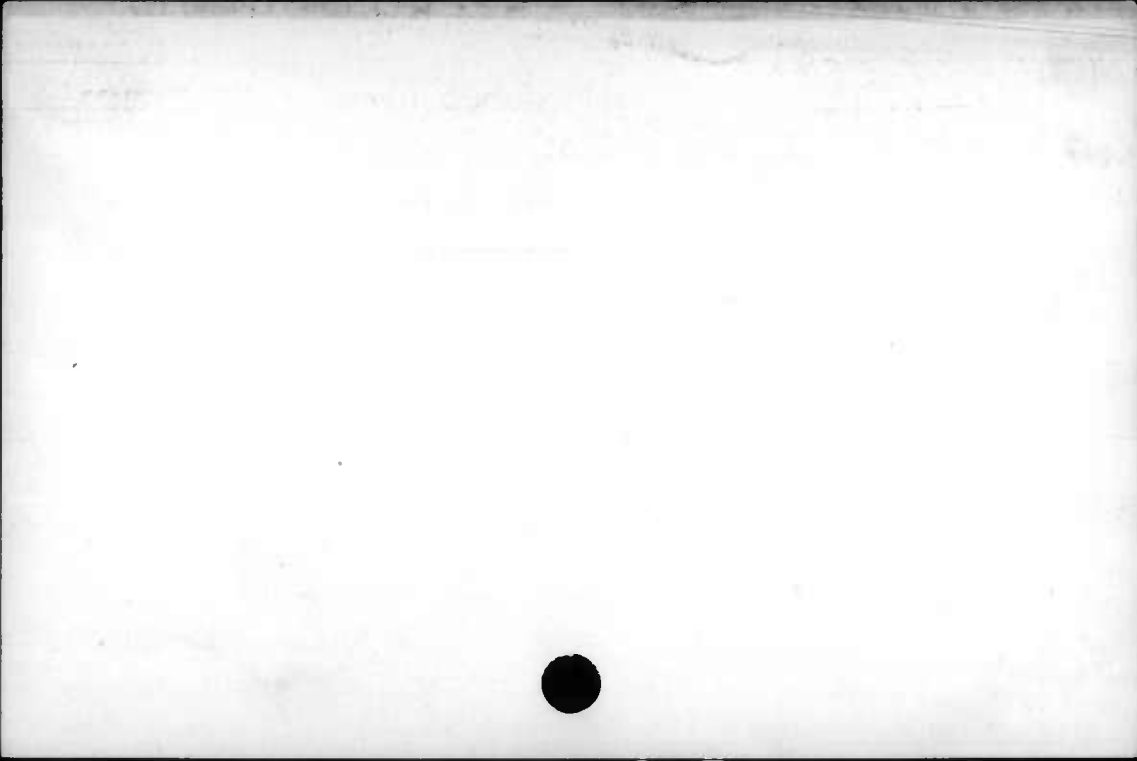
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Preston		County Cassam		MARYLAND	
Date of death		Month July	Day 3	Age 13	Months 9	Days 11	
Sex Female	Color or Race White			Birth-place Md			
Occupation Achesonville				Where Residing if not at place of death Preston			
Married, Single or Widowed Single		Name of Wife or Husband					
Father's Name Jas A Noble				Father's Birthplace Md			
Mother's Maiden Name Bessie Farguharson				Mother's Birthplace Md			
Name of person giving Information Mrs Bessie Noble				How related to deceased Mother			

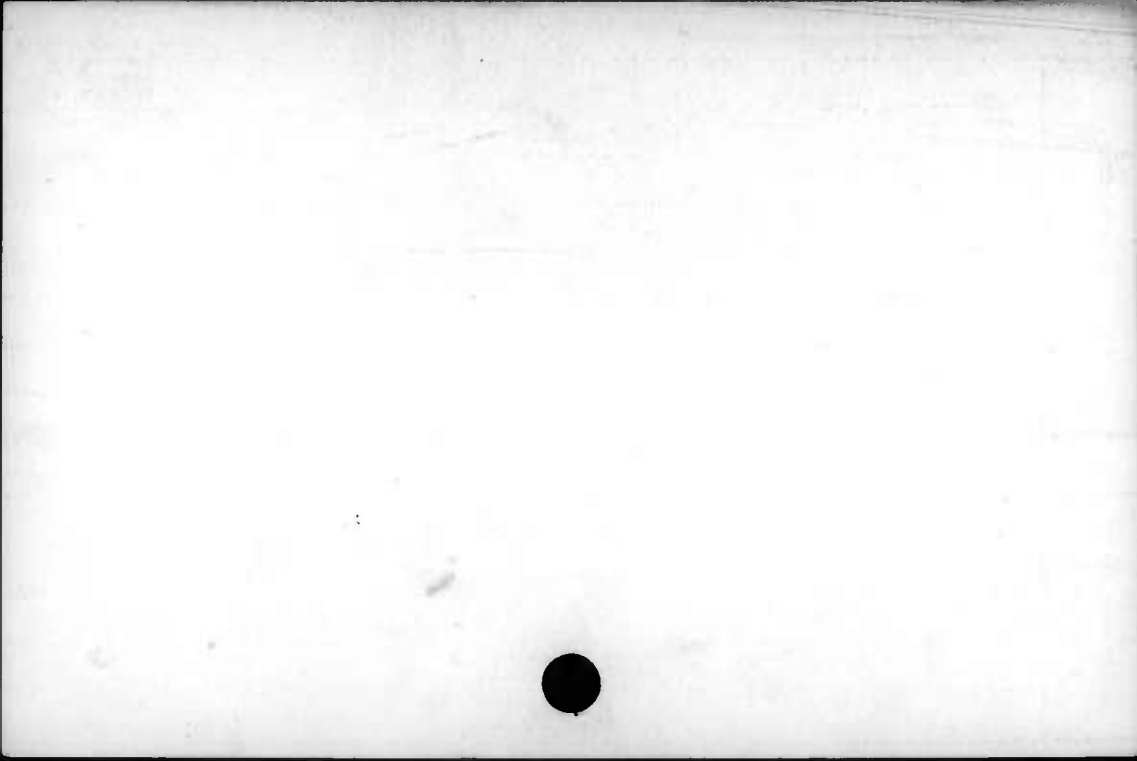
CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Intermittent Fever	How long	5 wks
Immediate	Pulmonary Tuberculosis	How long	3 Mos
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician J. Raymond Dawnes	
Address			
Accident or Suicide?			



Name in Full		Certificate of Death			
Rosa May Purlyman		Denton ^{Town}		Caroline ^{County}	
Died at		MARYLAND			
Date of death		1905	Month	July	Day
Age		2	Years	2	Months
Sex		Female	Color or Race	White	Birth-place
Occupation		Infant	Where Residing if not at place of death		
Married, Single or Widowed		Single	Name of Wife or Husband		
Father's Name		Joseph Purlyman	Father's Birthplace		
Mother's Maiden Name		Lena Smith	Mother's Birthplace		
Name of person giving Information		Joseph Purlyman	How related to deceased		
		Father			
CAUSES OF DEATH					
Primary		Cholera Infecentum 1051			
Immediate		Ephemerum			
Are the name, age, sex, color, date and place correctly given above?		Yes			
Signature of Physician		Enoch George M D			
Address		Denton Caroline Co			
Accident or Suicide?		No			



Name
in
Full

Mrs Wilhelmina Richardson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Durham</u> <small>Town</small>		<u>Caroline</u> <small>County</small>		MARYLAND	
Date of death	<u>1909</u> <small>Year</small>	<u>July</u> <small>Month</small>	<u>4th</u> <small>Day</small>	Age <u>69</u> <small>Years</small>	<u>-</u> <small>Months</small>
Sex	<u>Female</u>	Color or Race	<u>White</u>	Birth-place	<u>Maryland</u>
Occupation	<u>Housekeeper</u>		Where Residing if not at place of death <u>Durham Md</u>		
Married, Single or Widowed	<u>Widow</u>	Name of Wife or Husband	<u>Capt Wm Richardson</u>		
Father's Name	<u>Giles Hecht</u>			Father's Birthplace	<u>Maryland</u>
Mother's Maiden Name	<u>Don't know</u>			Mother's Birthplace	
Name of person giving information	<u>Mr & Mrs Ransom</u>			How related to deceased	<u>Friend</u>

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<u>Absence of the Liver</u>	How long	<u>One year</u>
Immediate	<u>Exhaustion</u>	How long	
Are the name, age, sex, color, date and place correctly given above?	<u>Yes</u>	Signature of Physician	<u>Crook George W D</u>
		Address	<u>Durham Caroline Co Maryland</u>
Accident or Suicide?	<u>-</u>		



Name

in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Williston</i> ^{Town}		<i>Caroline</i> ^{County}		MARYLAND	
Date of death	1905	Month	July	Day	21
Age	5-8	Years		Months	
Sex	male	Color or Race	White	Birth-place	Pennsylvania
Occupation	farmer	Where Residing if not at place of death <i>Williston</i>			
Married, Single or Widowed		Name of Wife or Husband	<i>Annie Richman</i>		
Father's Name	<i>Captain Richman</i>			Father's Birthplace	<i>Germany</i>
Mother's Maiden Name				Mother's Birthplace	<i>Germany</i>
Name of person giving Information				How related to deceased	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Cancer of Stomach</i>	How long	<i>2 years</i>
Immediate		How long	<i>instant</i>
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician	<i>J. H. [Signature]</i>
		Address	<i>Williston</i>
Accident or Suicide?			



Name
in
Full

Arcade Rideout

CERTIFICATE OF DEATH

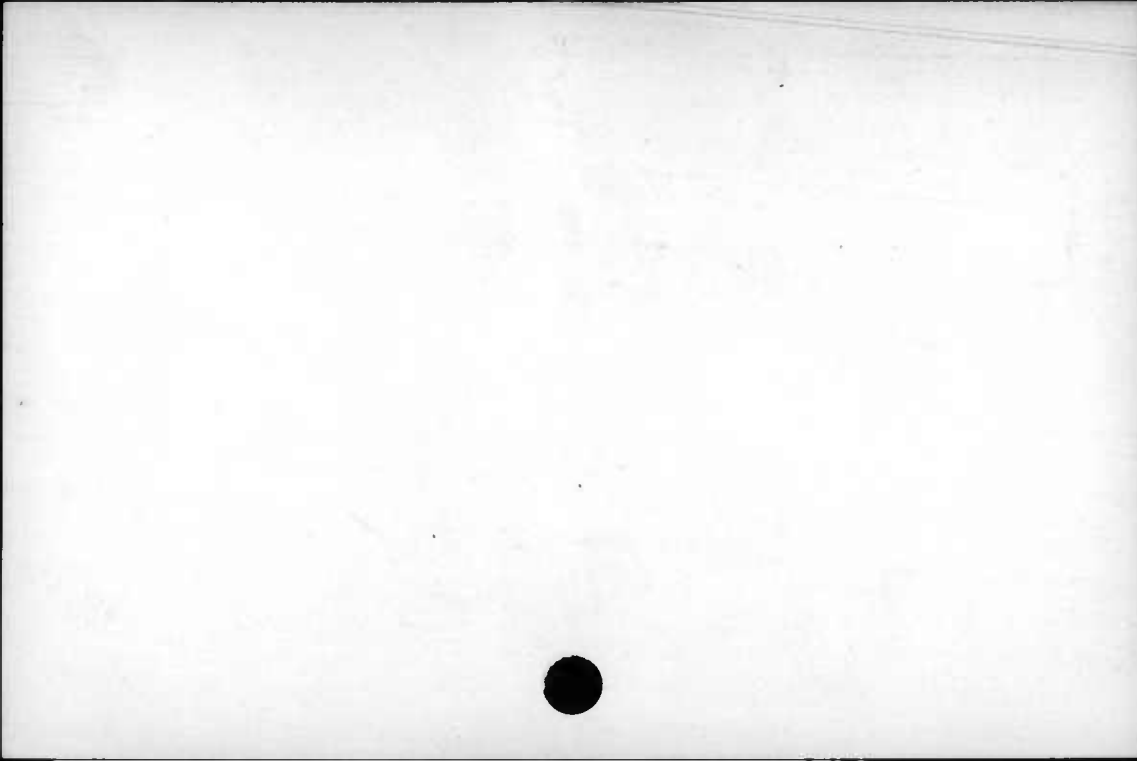
TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} <i>Federalshurg</i>		^{County} <i>Caroline</i>		MARYLAND	
Date of death	<i>1905</i>	^{Month} <i>July</i>	^{Day} <i>22</i>	^{Years} <i>85</i>	^{Months} <i>0</i> ^{Days} <i>0</i>
Sex	<i>Female</i>	Color or Race	<i>Black</i>	Birth-place	<i>md</i>
Occupation	<i>none</i>		Where Residing if not at place of death		
Married, Single or Widowed	<i>widow</i>		Name of Wife or Husband		
Father's Name				Father's Birthplace	
Mother's Maiden Name				Mother's Birthplace	
Name of person giving information	<i>Belle Warren</i>			How related to deceased <i>daughter</i>	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Heart Disease</i>	<i>79</i> ✓	How long <i>ser wks</i>
Immediate			How long
Are the name, age, sex, color, date and place correctly given above?	<i>yes</i>	Signature of Physician	<i>R. K. Jefferson</i>
		Address	<i>Federalshurg md</i>
Accident or Suicide?			



Name
in
Full

Roe

CERTIFICATE OF DEATH

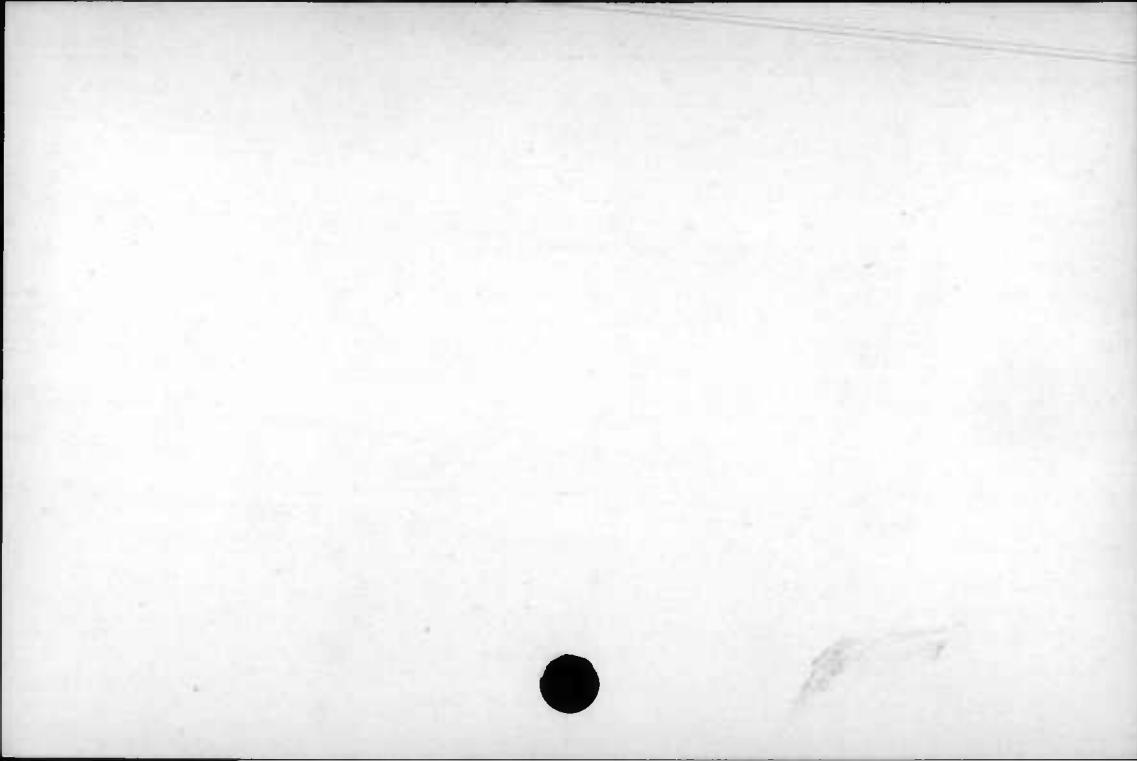
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Denton</i> Town		<i>Caroline</i> County		MARYLAND	
Date of death <i>1905</i>	Month <i>7</i>	Day <i>30</i>	Age	Months <i>4</i>	Days <i>7</i>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Md.</i>		
Occupation _____			Where Residing if not at place of death _____		
Married, Single or Widowed		Name of Wife or Husband _____			
Father's Name <i>Clate Roe</i>			Father's Birthplace _____		
Mother's Maiden Name <i>Carrie Roe</i>			Mother's Birthplace _____		
Name of person giving information _____			How related to deceased _____		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Chloria Infantum</i>	How long <i>105</i> ✓
Immediate	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>J. N. Nichols M.D.</i>
	Address <i>Denton Md</i>
Accident or Suicide?	



Name
in
Full

Thomas Ross

CERTIFICATE OF DEATH

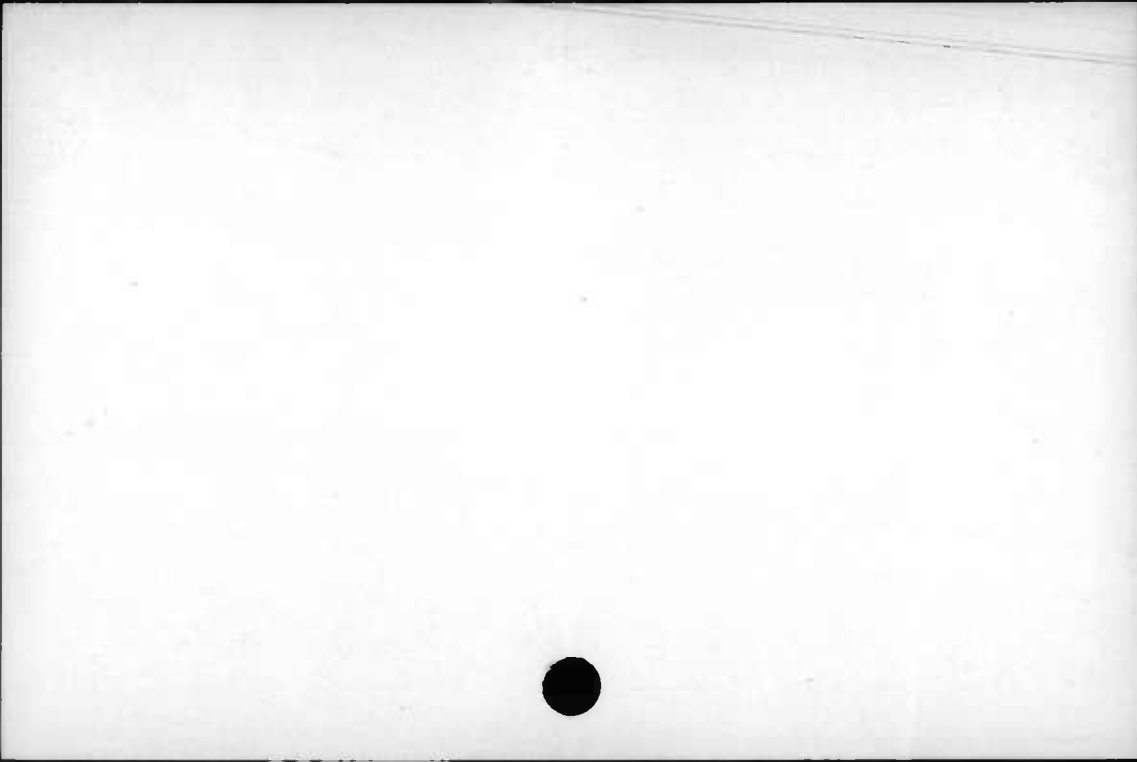
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Federalburg</i>		County <i>Caroline</i>		MARYLAND	
Date of death	<i>1903</i>	Month <i>July</i>	Day <i>31</i>	Age <i>65</i>	Years Months Days
Sex <i>male</i>	Color or Race <i>white</i>		Birth-place <i>Del</i>		
Occupation <i>farmer</i>		Where Residing if not at place of death			
Married, Single or Widowed <i>married</i>	Name of Wife or Husband				
Father's Name			Father's Birthplace		
Mother's Maiden Name			Mother's Birthplace		
Name of person giving information <i>Will Ross</i>			How related to deceased <i>son</i>		

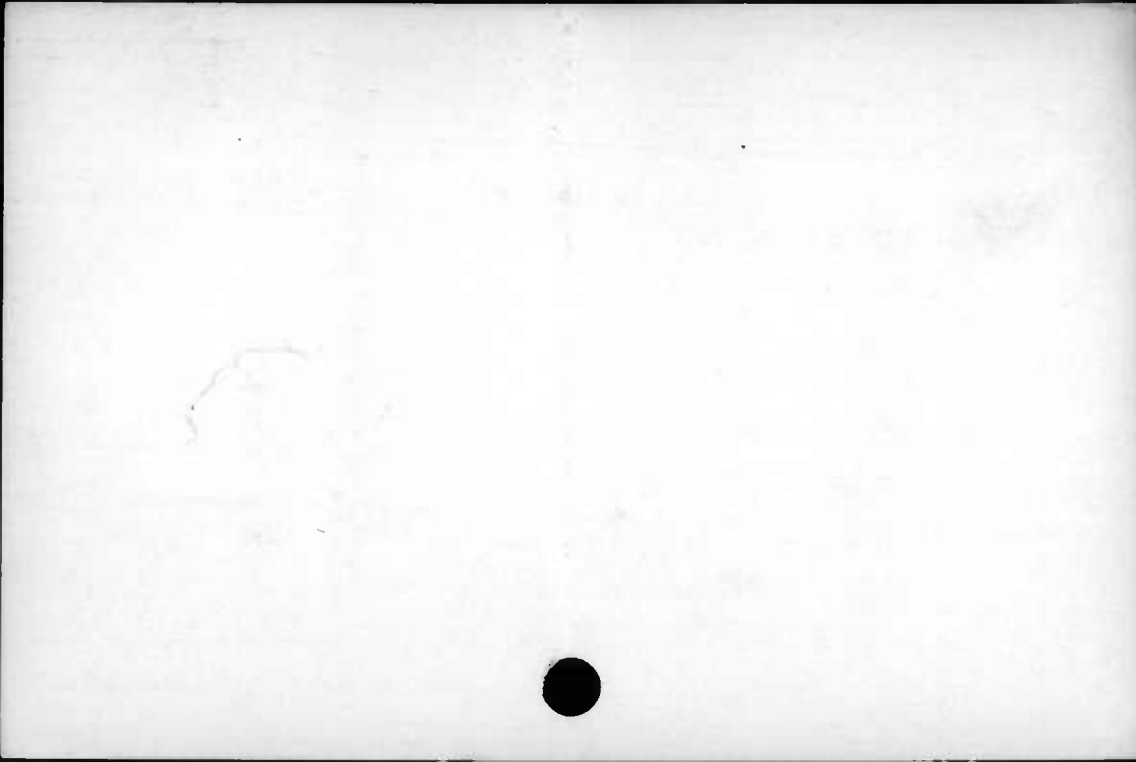
CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Phthisis</i>	How long <i>27</i> ✓ <i>sev years</i>
Immediate	How long
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>R. K. Jefferson</i>
	Address <i>Federalburg md</i>
Accident or Suicide?	



Name in Full		Catherine Rosser				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at	Federalburg		County		Caroline	
	Date of death		1905	Month	July	Day	21
	Age		78		Months	Days	
	Sex	Female		Color or Race	white		Birth-place
	Occupation		none		Where Residing if not at place of death		
	Married, Single or Widowed		widow		Name of Wife or Husband		
	Father's Name				Father's Birthplace		
Mother's Maiden Name				Mother's Birthplace			
Name of person giving information		John Rosser		How related to deceased		son	
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary	Diabetes		(50) ✓		How long	
	Immediate					How long	
	Are the name, age, sex, color, date and place correctly given above?		yes		Signature of Physician		
					Address		
					Federalburg Md		
Accident or Suicide?							



Name
in
Full

Sister Mary Rosalia Schnitzhofer.

CERTIFICATE OF DEATH

Died at ^{Town} near Ridgely^{County} Caroline

MARYLAND

Date of death 1905 July

Day 10

Age Years

Months

Days

Sex Female

Color or Race White

Birth-place Germany

Occupation Religious -

Where Residing if not at place of death -

Married, Single or Widowed Single

Name of Wife or Husband -

Father's Name Andrew Schnitzhofer

Father's Birthplace Germany

Mother's Maiden Name Anastasia Kuroin

Mother's Birthplace Germany

Name of person giving information M. Dolores Berg.

How related to deceased Superior

CAUSES OF DEATH

Primary Phthisis Pulmonalis

How long

Immediate Hemorrhage

How long

Are the name, age, sex, color, date and place correctly given above?

Yes

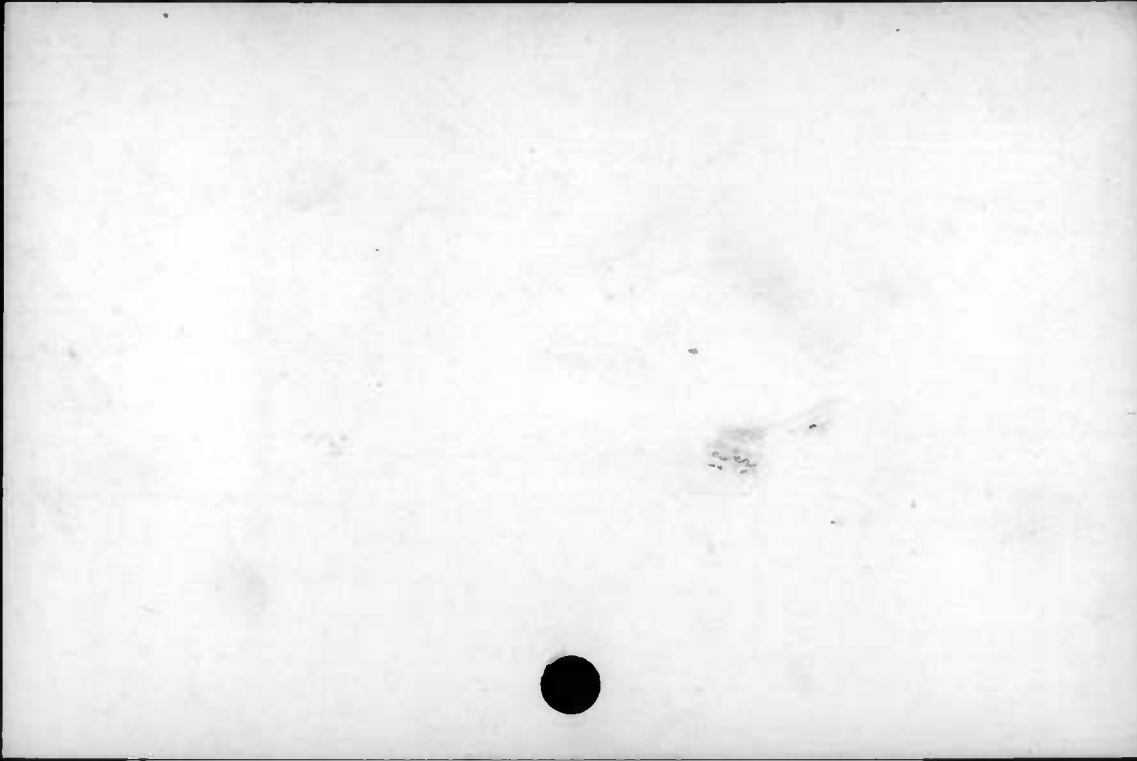
Signature of Physician

Address

D. D. Thomas -
Ridgely
Md.

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

Benjamin W. Tilghman

CERTIFICATE OF DEATH

Died at

Benton
Town

County

Caroline

MARYLAND

Date

of death 190

Month

July

Day

1st

Age

Years

62

Months

Days

Sex

Male

Color or
Race

Black

Birth-
place

Occupation

Laborer

Where Residing if not
at place of death

at Denton Ind

Married, Single
or Widowed

Married

Name of Wife or
Husband

Louisa Tilghman

Father's
Name

Levi Tilghman

Father's
BirthplaceMother's
Maiden Name

Rhoda Tilghman

Mother's
BirthplaceName of person giving
InformationHow related
to deceased

Six Months

CAUSES OF DEATH

Primary

Dropsy

How long

Immediate

The same

How long

Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician

Address

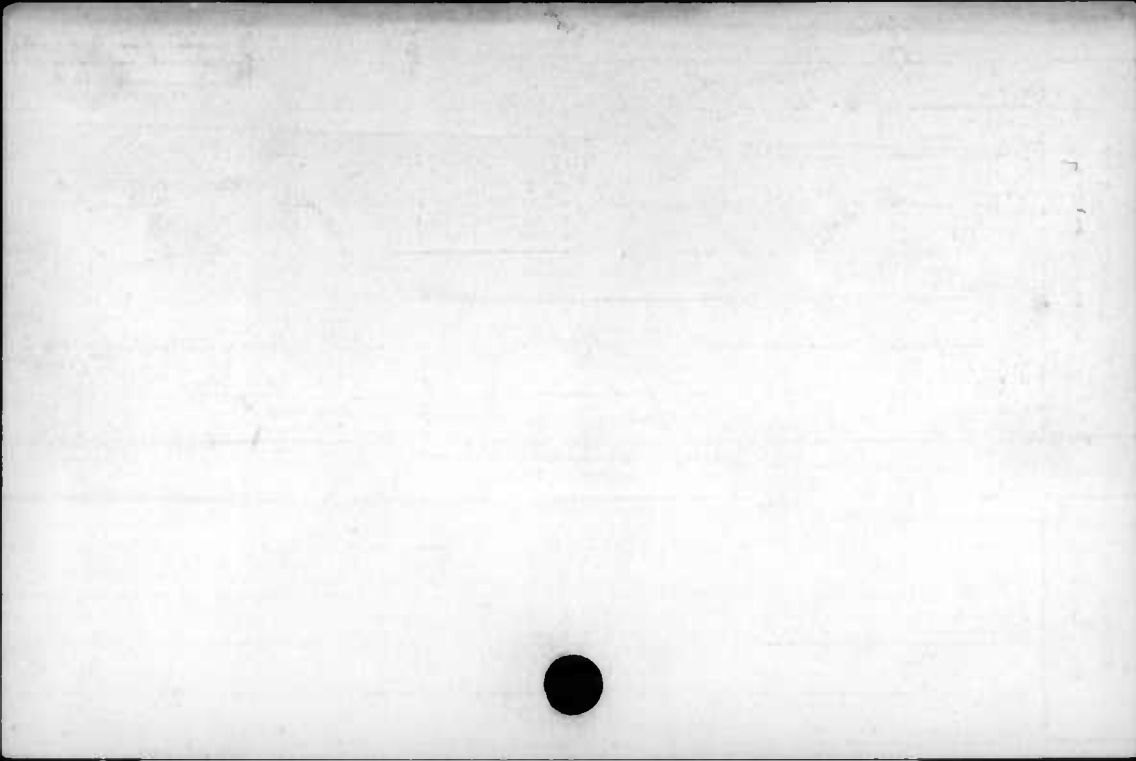
Chas. Hardcastle M D

Denton

Maryland

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

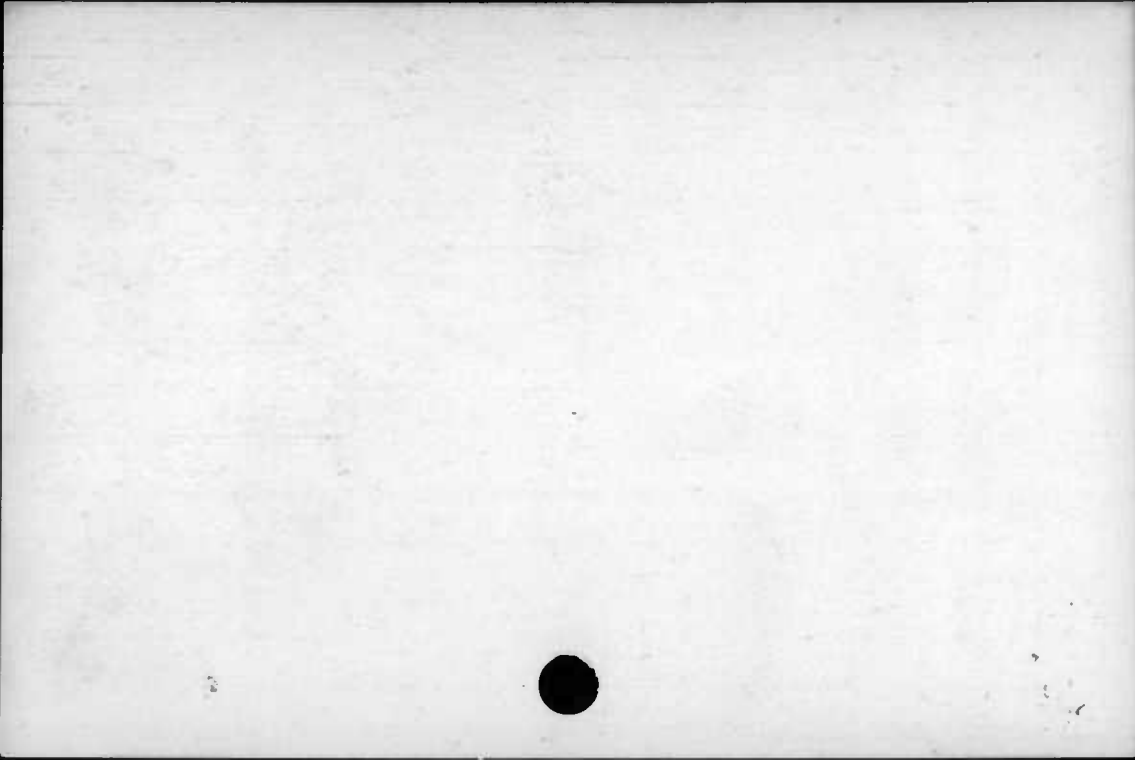
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Lynchester</i> ^{Town}		<i>Caroline</i> ^{County}		MARYLAND	
Date of death <i>1905</i> ^{Year}		<i>July</i> ^{Month}		<i>29</i> ^{Day}	
Age <i>69</i> ^{Years}		Months		Days	
Sex <i>male</i>		Color or Race <i>white</i>		Birth-place	
Occupation <i>Merchant</i>		Where Residing if not at place of death			
Married, Single or Widowed		Name of Wife or Husband			
Father's Name		Father's Birthplace			
Mother's Maiden Name		Mother's Birthplace			
Name of person giving information		<i>(initials)</i> How related to deceased			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Cerebral Hemorrhage</i>	How long <i>1 1/2 hrs.</i>
Immediate <i>General Paralysis</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>J. L. Noble</i>
	Address <i>Preston Md.</i>
Accident or Suicide?	



Name
in
FullTO BE ANSWERED BY
NEAREST FRIEND

CERTIFICATE OF DEATH

Name <i>J. Obert-Wilson</i>		Town <i>Ridgely</i>		County <i>Caroline</i>		MARYLAND	
Died at		Month <i>7</i>		Day <i>13</i>		Years <i>8</i>	
Date of death 190 <i>5</i>		Age <i>3</i>		Months <i>3</i>		Days <i>3</i>	
Sex <i>male</i>		Color or Race <i>colored</i>		Birth- place <i>Ridgely</i>			
Married, Single or Widowed		<i>Infant</i>		Occupation _____			
Name of Wife or Husband _____							
Father's Name <i>Wm E. Wilson</i>				Father's Birthplace <i>Md.</i>			
Mother's Maiden Name <i>Josephine Horner</i>				Mother's Birthplace <i>Md.</i>			
Name of person giving information <i>Teacher</i>				How related to deceased _____			

CAUSES OF DEATH

Primary <i>cerebro-spinal fever</i>	How long <i>one week</i>
Immediate <i>Heart failure</i>	How long <i>two days</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>H. M. Richards</i>
_____	Address <i>Ridgely, Md.</i>
Accident or Suicide?	

PHYSICIAN
OR CORONER

Pritchett
Ridgely